

County of San Diego

County Medical Services (CMS) Program



Physician Handbook

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Section I CMS Program

County Medical Services (CMS) is not health insurance; it is the program of last resort for eligible adults, which covers only necessary medical services. Although the CMS Program reimburses specialty and ancillary providers at interim Medi-Cal rates, it differs from the Medi-Cal entitlement program. Services are limited to the Program Medical Criteria.

AmeriChoice

AmeriChoice serves as the CMS Program Administrative Services Organization (ASO) and administers day-to-day activities including case management and coordination of care, utilization review and prior authorization, patient and provider relations, claims payment financial management and program development and analysis.

Questions and concerns about the operations of this program should be directed to:

**AmeriChoice
CMS Program Provider Relations
PO Box 939016
San Diego, CA 92193
(858) 492-4422**

Section II Eligibility

To be eligible for CMS services, patient must:

- Have an immediate or chronic health condition
- Be a US citizen or eligible alien
- Be a resident of San Diego County
- Be 21 through 64 years old
- Not be linked to Medi-Cal (aged, blind, CalWORKS or disabled)
- Be within CMS income limits or receive General Relief
- Be within CMS resource limits
- Sign a lien for services covered by CMS

Financial Criteria

Financial eligibility criteria for the CMS Program are based on resources and income. Resources include, but are not limited to: cash, funds in checking and savings accounts, and real property other than the patient's primary home.

Citizenship/Eligible Alien Status

Patients must have U.S. Citizenship or eligible alien status and must provide proof before certification.

Residency

Patients must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Patients living on the streets or in a vehicle can be county residents. Patients "visiting" from other counties, states, or countries are not eligible.

Eligibility Appointments

Human Services Specialists (HSS) are located in select Community Health Centers and Public Health Centers and local hospitals. HSSs are County employees responsible for determining CMS eligibility. Eligibility appointments with HSSs at the Community Health Centers and Public Health Centers are scheduled by calling (800) 587-8118. Patients requesting ongoing CMS must provide a completed Medical/Dental Need Form (CMS-127) to CMS prior to requesting an eligibility appointment. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Outstationed Services (HOS) HSS.

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County Medical Services (CMS) Medical/Dental Need Form (CMS-127)

The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance and addresses only urgent health issues. The medical/dental form must be completed by a licensed or certified health care professional or a designee authorized as appropriate by the health care professional and mailed or faxed to CMS Administrative Services Organization (AmeriChoice) before patients can schedule their next certification appointment.

A CMS-127 is **not** needed then:

- AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used and the CMS certification is expiring. An approved TAR is verification of a medical need.
- A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- Beneficiaries identified by AmeriChoice as having a chronic medical condition.

CMS Eligibility

Patients apply for standard eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. The HSS provides a blue CMS ID card and Patient Handbook to CMS approved patients. Initially, patients are approved for a period of 1 to 3 months. Upon renewal, patients with asthma, diabetes and/or hypertension may be approved eligibility for up to twelve (12) months. Patients receiving General Relief do not complete an application or submit verifications. After verifying the patient's identity and receipt of General Relief, the HSS gives the patient a blue CMS ID card and a Patient Handbook.

CMS Hardship Waivers

Denied for excess income. Patients who have been denied CMS for the **sole** reason of excess income may apply for a CMS Hardship Waiver. If the CMS Hardship Waiver is approved, and the patient is otherwise eligible, CMS will be granted and the patient will be provided with the appropriate CMS Identification Card. If the CMS Hardship Waiver is denied, the patient is ineligible for CMS.

CMS Hardship Waiver applications are evaluated by the County of San Diego.

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Immediate Care

When a non-certified patient requires **immediate** medical care that the clinic cannot provide, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. The Administrative Services Organization (ASO) will evaluate the patient's medical need and if all CMS criteria are met, the AmeriChoice representative will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

Emergency Room Care

When a non-certified patient has received treatment in an emergency room and is treated (including observation) and released in excess of 24 hours, the patient must call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were treated in an emergency room and provide the date that the treatment took place. The patient will be required to provide documentation to verify the emergency room service date.

Inpatient Care

When a non-certified patient is admitted to the hospital through the emergency room for less than 24 hours, the patient must call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were hospitalized and provide the date that the treatment took place. The patient will be required to provide documentation to verify the date s/he was hospitalized.

Scheduled Admissions and Outpatient Care

When a non-certified patient has been scheduled for an admission or outpatient service, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. The patient should inform the customer service representative of the date of the scheduled service. AmeriChoice will evaluate the patient's medical need and if all CMS criteria are met, AmeriChoice will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

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CMS Identification Card

CMS patients with standard eligibility receive a blue CMS Identification Card and Notice of Action (NOA). The ID card and NOA are proof of eligibility; however they do not authorize services. An example of the CMS Card is shown below:

County of San Diego CMS Program ID Card (800) 587-8118		
Name: _____	<ol style="list-style-type: none">1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.2. If you have a medical emergency, go to an emergency room or dial 911.3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.4. If you misuse or alter this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.5. You must use all other health insurance before CMS. <p>Other Insurance: _____</p> <p>Patient's Signature: _____</p> <p>Date Issued: _____</p>	
DOB: _____		
*Eligible: _____ thru: _____		
*Loss of Eligibility: See #4 on reverse		
Primary Care Clinic: _____		
Phone: () _____		
Call your clinic if you need health care services.		

Front

Back

Fraud Referral

When you suspect that a patient is not eligible for CMS, you should call the Patient/Provider Coordinator at (858) 492-4422. You should be able to give the patient's name, address, birth date, and Social Security number and the reason you suspect fraud. You can remain anonymous.

Section III Medical Policy and Scope of Services

Policy

The County Medical Services (CMS) Program is a medical assistance program servicing indigent adult residents of San Diego County. CMS provides physical health services for acute and chronic health conditions. It is the policy of the CMS program to provide coverage for physical health services when program medical criteria are met. The CMS Medical Director can deny coverage if established program medical criteria are not met. The provider or the patient has the right to appeal any CMS Program decision that denies a physical health service.

Mental Health Services for adult indigent residents of San Diego County are provided by the County Mental Health Services Division. The following provides a general overview of the CMS program medical criteria and covered services.

Medical Criteria

Medical criteria are used to determine whether or not the CMS program will cover a service or treatment. The CMS program will provide coverage for medical care for an eligible patient whose health condition or symptoms meet the following general criteria:

Life–Threatening

Major trauma, myocardial infarction (MI), malignant lesions or tumors, cerebral vascular accidents (CVA), etc.

Acute

Conditions that could lead to medical complications or disability such as benign tumors, fractures, gallbladder and ulcer disease, and infectious diseases, etc.

Chronic

Conditions that are progressive and require ongoing medical and/or pharmaceutical management such as diabetes, hypertension, asthma, rheumatoid arthritis, etc.

Covered Services

Services covered by the CMS program that do not require prior authorization:

- Evaluation by a primary care provider to determine the nature and severity of a condition and to order treatment
- Follow–up care by a primary care provider for serious or chronic health conditions
- Emergency room care for physical health conditions
- Emergency hospital admissions for physical health conditions

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- Emergency medical transportation for physical health conditions
- Emergency dental care
- Formulary medications. All prescriptions funded by CMS must be approved by the Food and Drug Administration (FDA)

Services covered only when prior authorized by the CMS program:

- Care by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures
- Limited rehabilitation, medical equipment and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications

Not Covered Services

The following services/diagnoses are NEVER covered:

- Pregnancy and all services during a pregnancy
- Pediatrics
- Family Planning
- Infertility services
- Sterilization procedures
- Mental Health services
- Drug and Alcohol Treatment
- Primary care services for HIV disease (early intervention)
- Chiropractic care
- Organ and bone transplants and all related services
- Bone marrow transplants
- Experimental Procedures
- Cosmetic Procedures in the absence of trauma or significant pathology
- Non-emergency dental and vision care
- Routine or work examinations
- Completion of medical certificates
- Counseling for lifestyle problems
- Orthodontia
- Non-prescription medications
- Emergency room visits for after care, follow-up, and to obtain prescriptions.
- Medical or Clinical trials, including any medication, treatment, procedure, or professional component related to any clinical trial in which the CMS patient may be involved.

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Preventive Care

Patients who are receiving primary care and are diagnosed with long-term, chronic conditions are eligible to receive selected preventive services. Services include:

- Annual ophthalmology and podiatry evaluation for diabetics
- Cholesterol lowering agents for patients diagnosed with diabetes or coronary artery disease

Self-Limiting and Minor Conditions

A visit to a primary care provider to effectively evaluate a patient presenting symptom(s) is always a primary care visit to evaluate self-limiting conditions such as flu or cold is always covered. The evaluation of minor conditions, such as head lice, first degree sunburn or mild contact dermatitis is covered. These conditions can be treated with over-the-counter products. The following table lists the ICD-9 codes that are subject for review:

	ICD-9 Code
Hypercholesteremia	272-272.9
Obesity	278.0
Refractive disorders	367-367.9
Low vision	369-369.9
Acute nasopharyngitis	460
Dental disorders Repeat services are covered when the provider is a dentist	521-529.8
Menopausal disorders (except 627.1 – post menopausal bleeding)	627-629
Corns and callosities	700
Keloid scar	701.4
Scar conditions and fibrosis of the skin	709.2
Diseases of the hair	704-704.9
Toxic effects of alcohol	980-980.09
Conditions influencing health status	V40-V49

These diagnoses are not eligible for referral, but specialty care may be approved when there is concomitant pathology.

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Stable Long Standing and/or Congenital Conditions

When a condition is not acute or there is no change in the status of the condition, specialty care will NOT be covered. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Cleft lip/ cleft palate
- Allergies
- Arteriosclerotic heart disease
- Myositis, myalgia
- Fibromyalgia, chronic fatigue
- Nasal fractures (greater than 6 months)
- Chronic back or joint pain
- Implanting and removal (unless imbedded) of IUD devices
- Osteoarthritis

Limited Ancillary Health Services and Supplies

- Home health services only for suture removal are covered only when the patients' physical condition renders them "home-bound".
- Diagnostic mammograms for women under 40 years of age; 40 years and older refer to CEDP for diagnostic screening.
- Non-formulary over-the-counter products.
- Custom orthotics are rarely approved. Over-the-counter products are covered with a prescription.
- Dentures – full mouth or anterior stay plate. Patient employment status and health risk are evaluated by AmeriChoice.
- Optometry services – eye exams and glasses
 - Best visual acuity (with current prescription) is 20/50 or worse
 - Patient must have a chronic health condition that requires ongoing treatment or monitoring by the primary care physician
 - Primary care patient for a minimum of 6 months

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Second Opinion

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may suggest a second opinion when any one of the following circumstances are present:

- A more cost-effective treatment option is available.
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The provider or patient disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- The provider or patient is seeking an alternate treatment option that may improve the outcome.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit patient from accessing care.

Section IV Prior Authorizations and Physician Responsibilities

The CMS Program reimburses providers for services provided when the patient has been certified for CMS **AND** the services have been prior authorized. The physician's office is responsible for:

- Verifying that the patient is certified for the CMS Program
- Verifying that non-emergent services to be provided to the patient have been prior authorized by the CMS Program
- Submitting a plan of treatment
- Assuring prior-authorization for continued treatment and/or referrals
- Submitting claims in the format and time frame required by the CMS Program

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Section V Referrals

The County Medical Services Program maintains a network of Community Health Clinics that serve as “medical homes” to CMS patients, which provide integrated, basic primary care services. In the event the CMS patient requires specialty medical treatment, the primary care physician will complete a CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form and submit it to the AmeriChoice Medical Management Department for processing.

Evaluations

Prior authorization is required for an evaluation and/or treatment by a specialty physician:

- Clinic completes the CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form identifying the patient, the patient’s dates of eligibility, the reason for the evaluation, the services to be authorized, and the name of the primary care practitioner.
- A brief history and any pertinent test results should accompany the CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form.
- The approved form will indicate an evaluation and any additional tests or procedures that are authorized.
- Please send your medical findings back to the referring primary care practitioner.

If a CMS patient presents him or herself to a specialist physician’s office without an authorization, he or she should be referred back to his or her primary care clinic. If the CMS patient has received services for an inpatient stay or an emergency room visit and requires specialty care, please call a CMS Authorization Coordinator for further assistance at (858) 495-1300.

Treatment Authorization Request (TAR)

When it is appropriate for the specialist physician to continue to follow the patient, the physician must submit a written plan of treatment (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form directly to the CMS Medical Management mailing address or FAX number below:

**County Medical Services (CMS) Program
Patient Care Authorization
PO Box 939016
San Diego, CA 92193
FAX: (858) 495-1399**

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All non-clinic, non-emergency services provided to CMS patients must be prior approved.

Authorization from the AmeriChoice is required for:

- All specialty care
- CT scans and MRIs
- Outpatient hospital services such as nuclear studies, hyperbaric treatments, invasive procedures and outpatient surgery
- Scheduled admissions
- Special medical devices and supplies, orthotics and prosthetics, rehabilitation therapy and home health care
- Non-formulary drugs (prior authorization by the Pharmacy Benefits Manager, NMHC)

The CMS Treatment Authorization Request (TAR) form may be used when mailing or faxing the request.

- Patient name, date of birth, Social Security number and CMS eligibility period
- Specific services requested including treatment plan and planned procedures
- Medical findings which indicate the severity of the condition (i.e., copy of SOAP notes including signs and symptoms, history, and physical examination pertinent to the treatment requested, and, when indicated, diagnostic lab and radiology reports)
- Location where the service will be provided (office, ancillary provider or name of facility)
- Anticipated length of stay for scheduled admissions
- Current CPT procedure codes

The authorization generally includes minor office procedures and **routine** laboratory and radiology studies. Please give the authorization number to outside lab or x-ray departments to assist them with their billing.

AmeriChoice will send an approval notice to both the requesting physician and the ancillary vendor when the request has indicated that an allied service (rehab therapies, DMS, outpatient hospital procedure, etc.) is part of the patient's plan of care.

All CMS authorizations are valid for a limited time. To ensure payment, the patient must be seen before the "valid to" date noted on the referral.

Urgent TAR

AmeriChoice will process a TAR as urgent only when services are needed because of a patient's immediate medical condition. In addition to the usual patient identification, indicate the medical service needed and document sufficient information to establish the medical urgency. Legibility and appropriate documentation is important.

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If the patient's condition is life threatening, refer the patient to the nearest CMS contracting hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

Notifications – Approval

After the service is reviewed, the physician's office will receive notification of the outcome, usually within five (5) to seven (7) business days. The CMS Treatment Authorization Notification form states the authorization number, the service(s) authorized and the effective dates of the authorization based on either the plan of care or the patient's eligibility dates.

- When the service cannot be provided before the expiration date, contact AmeriChoice Provider Line to request an extension of the time period **before** providing the care.
- Repeated requests for retro authorization due to administrative oversight may result in denials. All claims submitted for services provided beyond the "valid to " date are rejected as outside of the approved period.

Notifications – Denial

Only the CMS Program Medical Director can deny a service as medically unnecessary or inappropriate.

Reconsideration and Appeal Process

The ordering physician may ask the Medical Director to reconsider the denial for a medical service. The patient is also notified that a service has been denied and is informed of his/her rights and the appeal process. Either party's request for reconsideration must be submitted in writing within thirty (30) days of the date of denial. Send to:

**CMS Program
Attn: Medical Appeals
PO Box 939016
San Diego, CA 92193
Phone: (858) 492-4422
FAX 858 565-4901**

The ASO Medical Management will review the case in depth and may contact the physician or other providers for additional information. The physician and the patient will be notified of the decision within forty-five (45) calendar days from receipt of the request for reconsideration or appeal. Expedited appeals may be requested for urgent requests within three (3) business days.

Section VI Inpatient and Emergency Room Services

Inpatient Services

Inpatient services are services provided to a patient who is admitted to a hospital and receives medical services from a physician during at least a 24-hour period. CMS contracting hospitals are required to notify AmeriChoice within twenty-four (24) hours (extended to the first day following a weekend or holiday) of all emergency admissions for potentially eligible or CMS certified patients. For more information on how a potentially eligible CMS patient may apply for CMS coverage of the inpatient service, please refer to Section II of this handbook. Physicians who have treated a CMS certified patient on an emergency inpatient basis will be paid for these services with an approved admission.

- A single authorization number is provided to the hospital for all facility and physician services provided during that hospital stay.
- Authorizations for emergency admissions are processed and approved only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.

Scheduled Admissions and Outpatient Surgery

Outpatient services are services provided to a patient who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours. Scheduled, non-emergent admissions and outpatient surgical procedures must be prior authorized by the AmeriChoice Medical Management staff. For information on how a potentially eligible CMS patient may apply for CMS coverage of the outpatient or emergency department service, please refer to Section II of this handbook. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period.

Section VII Prescription Medications

The CMS Program covers prescriptions and pharmaceutical products listed in the CMS Drug Formulary listing. All prescriptions funded by CMS must be approved by the Federal Food and Drug Administration (FDA). In addition to the list of covered pharmaceutical products, the introduction explains general coverage regulations and directions for obtaining authorization for non-formulary prescriptions.

Prescriptions

- CMS patients receive approved medications at no cost.
- All prescriptions must be filled at participating pharmacies. (All SAV-ON and CVS Pharmacies in San Diego County as well as independent pharmacies.)
- Patients may receive up to a maximum of a thirty (30) day supply of a prescribed drug. Code I drugs (restricted to a diagnosis or an amount that can be dispensed per month) are clearly marked in the formulary.

Formulary Exclusions

Drugs and drug types excluded from the CMS Program Drug Formulary Listing are:

- Birth control products and medications for non-pathologic reasons
- Psychotropic and psychotherapeutic therapies prescribed only for mental health conditions
- Experimental drugs or drugs used in an experimental manner
- Non-formulary over-the-counter drugs, prescribed or not
- Nicotine and smoking cessation products
- Organ anti-rejection medications

Other Products

Contact a CMS Authorization Representative at (858) 495-1300 for authorization of durable medical equipment, wound supplies or nutritional supplements.

Prior Authorization Process

Requests for non-formulary medication require medical justification **from the physician**. When presented with a prescription for a non-formulary medication, the pharmacy may contact you to consider a formulary alternative.

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To obtain authorization of a non-formulary medication, complete the CMS Drug Prior Authorization Request form and fax the request to:

NMHC, the CMS Pharmacy Benefit Manager:

(NMHC)

(800) 945-1815

Urgent request may be called to NMHC at (800) 777-0074

Contracting Facilities

A listing of primary care clinics, contracting hospitals and pharmacies can be found in Attachment A.

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Section VIII Claims

The AmeriChoice Claims Department processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the CMS Program.

Submission Requirements

All claims must:

- Be for services and service dates that match the certified patient's eligibility and period authorized
- Be submitted electronically or on the CMS-1500 Form (Note: When the patient has other health coverage (OHC), you must submit a claim to the other insurance carrier first, and then attach the other carrier's EOB to the CMS-1500 before submitting your claim to CMS)
- Include the following information:
 - Patient name, birth date, and Social Security Number
 - Date(s) of service
 - Place of Service
 - Vendor and group name, address and phone number
 - Name and address of facility where services were rendered (if different from the billing office)
 - Medi-Cal Provider number
 - Provider Tax ID number
 - ICD-9 Codes
 - Current RVS, CPT, HCPCS, DRG and Medi-Cal codes as indicated
 - Authorization number (TAR control number)
 - Referring physician **required**
 - Full itemization of charges including drugs and supplies provided
 - All documentation and attachments required by Medi-Cal
 - Catalogue page or invoice when submitting an unlisted or "miscellaneous" code
 - Be submitted within thirty (30) days from the date of services but no later than July 31 to:

AmeriChoice, ASO
County Medical Services (CMS) Program
Claims Department
PO Box 939016
San Diego, CA 92193

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Checking Claim Status

AmeriChoice processes claims that are complete and accurate within thirty (30) days of receipt. If you have not received payment within forty-five (45) days, you must call (858) 495-1333 to ask about the claim's status.

Reimbursement

Checks and the Remittance Advice (RA) are produced on twice a month basis. CMS reimbursement is considered payment in full.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any administrative errors (incorrect coding, failure to obtain timely authorization or late submission)

You may bill patients for:

- Unauthorized services
- Services not covered in the CMS Program's medical criteria

Notification of Changes to Provider Information

To ensure that your check is accurate and timely, immediately notify AmeriChoice Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or Service site)
- Group Affiliation
- Tax identification number (TIN)

Medi-Cal Pending or Approved

CMS covers necessary medical care for certified patients who are awaiting a Medi-Cal disability determination. Claims for these patients will be processed according to standard CMS claims processing procedures and the program recovers payments directly from Medi-Cal.

- CMS will pay for authorized services when a patient is pending a Medi-Cal determination
- All claims received after the CMS Program is notified that a patient is awarded Medi-Cal will be denied
- CMS will notify providers of the Medi-Cal eligibility on the RA

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- Providers cannot bill Medi-Cal for services billed to or paid by CMS. In the event you receive payment from Medi-Cal for a service paid by CMS you must, within thirty (30) days from receipt of Medi-Cal payment, reimburse the CMS Program
- The Medi-Cal Program often requires prior authorization and medical documentation for specified procedures. CMS requires that you provide the necessary documentation upon request (medical records, Medi-Cal provider numbers) to facilitate revenue recovery for CMS
- Providers are to notify the CMS Program if they become aware a patient started receiving Medi-Cal

Appeal Process for Denied Claims

When you disagree with the level of payment or the denial of a claim, you must submit a written appeal **within thirty (30) days** of the denial notification. Clearly state the reason for the appeal and provide additional justification for payment. Send all documentation for the appeal to:

CMS Program Appeals
Attention: Claims Department
PO Box 939016
San Diego, CA 92193
FAX: (858) 495-1329

If you have questions, call the Claims Department at (858) 495-1333 for instructions about submitting your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within forty-five (45) calendar days.

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Attachment A A

CMS Program Contracting Hospitals
CMS Program Primary Care Clinics
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CMS PROGRAM CONTRACTING HOSPITALS

Alvarado Hospital

6655 Alvarado Road
San Diego, CA 92120
(619) 287-3270

Scripps Mercy Hospital

4077 Fifth Avenue
San Diego, CA 92103
(619) 294-8111

Fallbrook Hospital District

624 East Elder Street
Fallbrook, CA 92028
(760) 728-1191

Scripps Mercy Hospital-Chula Vista

435 H Street
Chula Vista, CA 91910
(619) 691-7000

Palomar Hospital Medical Center

555 East Valley Parkway
Escondido, CA 92025
(760) 739-3000

Sharp Chula Vista Medical Center

751 Medical Center Court
Chula Vista, CA 91911
(619) 482-5800

Paradise Valley Hospital

2400 East Fourth Street
National City, CA 91950
(619) 470-4321

Sharp Coronado Hospital

250 Prospect Place
Coronado, CA 92118
(619) 522-3600

Pomerado Hospital

15615 Pomerado Road
Poway, CA 92064-2405
(858) 613-4000

Sharp- Grossmont Hospital

5555 Grossmont Center Drive
La Mesa, CA 91942
(619) 740-6000

Promise Hospital of San Diego

5550 University Avenue
San Diego, CA 92105
(619) 582-3516

Sharp Memorial Hospital

7901 Frost Street
San Diego, CA 92123
(858) 939-3400

Scripps Memorial – Encinitas

354 Santa Fe Drive
Encinitas, CA 92024
(760) 753-6501

UCSD Medical Center

200 West Arbor Drive
San Diego, CA 92103
(619) 543-6222

Scripps Memorial – La Jolla

9888 Genesee Avenue
La Jolla, CA 92037
(858) 457-4123

UCSD Thornton Hospital

9300 Campus Point Drive
La Jolla, CA 92037
(858) 550-0115

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CMS PROGRAM PRIMARY CARE CLINICS

BORREGO SPRINGS MEDICAL CENTER

4343 Yaqui Pass Road
Borrego Springs, CA 92004
(760) 767-5051

Julian Clinic

2721 Washington Street
Julian, CA 92036
(760) 765-1357

Centro Medico – El Cajon

345 North Magnolia, Suite 103
El Cajon, CA 92020-3954
(619) 401-0404

COMPREHENSIVE HEALTH CENTER

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

Downtown

120 Elm Street, Suite 110
San Diego, CA 92101
(619) 235-4211

Lincoln Park

286 Euclid Avenue, Suite 302
San Diego, CA 92114
(619) 527-7330

COMMUNITY HEALTH SYSTEMS

Fallbrook Family Health Center

617 East Alvarado Street
Fallbrook, CA 92028
(760) 728-3816

FAMILY HEALTH CENTERS OF SAN DIEGO

Beach Area Family Health Center

3705 Mission Boulevard
San Diego, CA 92109
(619) 515-2444

Chase Avenue Family Health Center

1111 West Chase Avenue
El Cajon, CA 92020
(619) 515-2499

City Heights Family Health Center

5379 El Cajon Boulevard
San Diego, CA 92115
(619) 515-2400

Downtown Family Health Center

1145 Broadway
San Diego, CA 92101
(619) 515-2525

Grossmont/Spring Valley Family Health Center

8788 Jamacha Road
Spring Valley, CA 91977
(619) 515-2555

Logan Heights Family Health Center

1809 National Avenue
San Diego, CA 92113
(619) 515-2300

North Park Family Health Center

3544 30th Street
San Diego, CA 92104
(619) 515-2424

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FAMILY HEALTH CENTERS OF SAN DIEGO

(Continued)

Sherman Heights Family Health Center

2391 Island Avenue
San Diego, CA 92102
(619) 515-2435

Diamond Neighborhoods Family Health Center

220 Euclid Avenue, Suite 40
San Diego, CA 92114
(619) 515-2560

IMPERIAL BEACH HEALTH CENTER

949 Palm Avenue
Imperial Beach, CA 91933
(619) 429-3733

LA MAESTRA FAMILY CLINIC

4185 Fairmount Avenue
San Diego, CA 92105
(619) 280-4213

El Cajon

165 South First Street
El Cajon, CA 92019
(619) 312-0347

Highland

101 North Highland Avenue, Suite A
National City, CA 91950
(619) 434-7308

MOUNTAIN HEALTH & COMMUNITY SERVICES

Alpine Family Medicine

1620 Alpine Blvd. #B119
Alpine, CA 91901
(619) 445-6200

High Desert Family Medicine

44460 Old Highway 80
Jacumba, CA 91934
(619) 766-4071

Escondido Family Medicine

255 North Ash Street, Suite 101
Escondido, CA 92027
(760) 745-5832

Mountain Empire Family Medicine

31115 Highway 94
Campo, CA 91906
(619) 478-5311

25th Street Family Medicine

316 25th Street
San Diego, CA 92102
(619) 238-5551

NEIGHBORHOOD HEALTHCARE

East County Community Health Services

855 East Madison
El Cajon, CA 92020
(619) 440-2751

El Capitan Family Health Center

10039 Vine Street
Lakeside, CA 92040
(619) 390-9975

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NEIGHBORHOOD HEALTHCARE--(Continued)

Escondido Community Health Center – North Elm

460 North Elm Street
Escondido, CA 92025
(760) 737-2000

Escondido Community Health Center--Pennsylvania

641 East Pennsylvania
Escondido, CA 92025
(760) 737-7896

Mountain Valley Health Center

16650 Highway 76
Pauma Valley, CA 92061
(760) 742-9919

NORTH COUNTY HEALTH SERVICES

Ramona Health Center

217 East Earlham Street
Ramona, CA 92065
(760) 789-1223

OPERATION SAMAHAN INC.

Camino Ruiz

10737 Camino Ruiz, Suite 100
San Diego, CA 92126
(858) 578-4220

Highland Avenue

2743 Highland Avenue
National City, CA 91950
(619) 474-8686

SAN DIEGO FAMILY CARE

Linda Vista Health Care Center

6973 Linda Vista Road
San Diego, CA 92111
(858) 279-0925

Mid City Community Clinic

4290 Polk Avenue
San Diego, CA 92105
(619) 563-0250

SAN YSIDRO HEALTH CENTER

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 428-4463

Chula Vista Family Clinic

865 Third Avenue, Suite 133
Chula Vista, CA 91910
(619) 498-6200

National City Family Clinic

1136 D Avenue
National City, CA 91950
(619) 336-2300

Otay Family Health Center

1637 Third Avenue, Suite B
Chula Vista, CA 91911
(619) 205-1360

VISTA COMMUNITY CLINICS

Tri City Community Health Center

161 Thunder Drive, Suite 212
Vista, CA 92083
(760) 631-5030

Vista Community Clinic

1000 Vale Terrace
Vista, CA 92084
(760) 631-5000

Vista Community Clinic--Horne Street

517 N. Horne Street
Oceanside, CA 92054
(760) 631-5009

Vista Community Clinic--N. River Rd

4700 North River Road
Oceanside, CA 92057
(760) 433-6880

Vista Community Clinic-- West

818 Pier View Way
Oceanside, CA 92054
(760) 631-5250

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CMS PROGRAM PHARMACIES

All Sav-On and CVS Pharmacies throughout San Diego County

Alvarado Community Pharmacy

6367 Alvarado Court #109
San Diego, CA 92120
(619) 287-7697

Alvarado Medical Plaza Pharmacy

5555 Reservoir Drive, Suite 114
San Diego, CA 92120
(619) 287-5035

Avocado Pharmacy

248 Avocado Avenue
El Cajon, CA 92020
(619) 442-0417

C&A Pharmacy

488 East Valley Parkway, Suite 101
Escondido, CA 92025
(760) 489-1668

Cedar Pharmacy

10737 Camino Ruiz #138
San Diego, CA 92126
(858) 536-7799

Clark's Greenfield Pharmacy

1685 East Main Street, Suite 101
El Cajon, CA 92021
(619) 441-5800

Community Medical Pharmacy

750 Medical Center Court, Suite 1
Chula Vista, CA 91911
(619) 421-1131

Community Pharmacy

29115 Valley Center Road #F
Valley Center, CA 92082
(760) 749-1156

Community Pharmacy of Escondido

757 East Valley Parkway
Escondido, CA 92025
(760) 743-6300

Community Prescription Center

640 University Avenue
San Diego, CA 92103
(619) 295-6688

Comprehensive Health Ctr Pharmacy

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

CVS Pharmacare Specialty Pharmacy

1010 University Avenue
San Diego, CA 92103
(619) 291-7377

Fallbrook Pharmacy

343 East Alvarado Street
Fallbrook, CA 92028
(760) 728-3128

Fletcher Med Pharmacy

8881 Fletcher Parkway, Suite 103
La Mesa, CA 91942
(619) 463-7770

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Galloways Pharmacy

2995 National Avenue
San Diego, CA 92113
(619) 525-1551

Hillcrest Pharmacy

120 University
San Diego, CA 92103
(619) 260-1010

Imperial Beach Pharmacy

720 Highway 75
Imperial Beach, CA 91932
(619) 424-8143

La Mesa Pharmacy

8301 La Mesa Boulevard
La Mesa, CA 91941
(619) 466-3246

Leo's Lakeside Pharmacy

9943 Maine Avenue
Lakeside, CA 92040
(619) 443-1013

Linda Vista Pharmacy

2361 Ulric Street
San Diego, CA 92111
(858) 277-6145

Logan Heights Family Health Center

1809 National Avenue
San Diego, CA 92113
(619) 515-2492

Longs Drugs

10350 Friars Road
San Diego, CA 92120
(619) 563-9990

MED CARE Pharmacy

161 Thunder Drive, Suite 100
Vista, CA 92083
(760) 758-0401

Medco Drugs

1252 Broadway
El Cajon, CA 92021
(619) 440-3448

Medical Arts Pharmacy

8851 Center Drive #110
La Mesa, CA 91942
(619) 461-8551

Medical Center Pharmacy

340 4th Avenue #1
Chula Vista, CA 91910
(619) 422-9291

Medical Center Pharmacy

1635 3rd Avenue, Suite A
Chula Vista, CA 91911
(619) 585-8818

Medical Center Pharmacy

865 3rd Avenue #102
Chula Vista, CA 91911
(619) 585-0665

Medical Center Pharmacy

765 Medical Center Court #208
Chula Vista, CA 91911
(619) 656-2846

Medical Center Pharmacy

310 Santa Fe Drive #109
Encinitas, CA 92024
(760) 753-9433

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Medical Center Pharmacy

7930 Frost Street #104
San Diego, CA 92123
(858) 560-1911

Neighborhood Healthcare Pharmacy

420 Elm Street
Escondido, CA 92025
(760) 737-2025

Nudo's Pharmacy

455 North Magnolia Avenue
El Cajon, CA 92020
(619) 442-0303

Paradise Valley Pharmacy

5865 Cumberland Street
San Diego, CA 92139
(619) 471-3710

Park Boulevard Pharmacy

3904 Park Boulevard
San Diego, CA 92103
(619) 295-3109

PillCo Pharmacy #1

8575 Los Coches Road, Suite 5
El Cajon, CA 92021
(619) 561-5602

PillCo Pharmacy #2

2939 Alta View Drive, Suite L
San Diego, CA 92139
(619) 470-4550

PJ's Prescription Shoppe

3405 Kenyon Street
San Diego, CA 92110
(619) 223-5405

Price Rite Pharmacy

5115 Garfield Street
La Mesa, CA 91941
(619) 469-0161

Priority Pharmacy

3935 1st Avenue
San Diego, CA 92103
(619) 688-2290

Quality Care Pharmacy

727 West San Marcos Boulevard, Suite 113
San Marcos, CA 92069
(760) 744-5959

Ralph's Pharmacy

300 North 2nd Street
El Cajon, CA 92021
(619) 579-8022

Ramona Pharmacy

677 Main Street
Ramona, CA 92065
(760) 789-0180

Rancho Park Pharmacy

1331 Encinitas Boulevard
Encinitas, CA 92024
(760) 436-2011

Rite Aid Pharmacy

1665 Alpine Boulevard
Alpine, CA 91901-3859
(619) 659-1085

Rite Aid Pharmacy

7100 Avenida Encinas C
Carlsbad, CA 92009
(760) 431-7380

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Rite Aid Pharmacy #1

3650 Adams Avenue
San Diego, CA 92116
(619) 563-0802

Rite Aid Pharmacy #2

4840 Niagara Avenue
San Diego, CA 92107
(619) 222-7503

Rite Aid Pharmacy #3

4077 Governor Drive
San Diego, CA 92122
(858) 453-4455

San Ysidro Health Center

4004 Beyer Blvd
San Ysidro, CA 92173
(619) 662-4142

Sav Mart Pharmacy

3445 Midway Drive #A
San Diego, CA 92110
(619) 223-2291

Semca Pharmacy

286 North Euclid Avenue, Suite 206
San Diego, CA 92114
(619) 263-6635

Statscript Pharmacy

3900 5th Avenue #110
San Diego, CA 92103
(619) 294-5474

TSSI Pharmacy

7200 Parkway Drive #103, 104 & 105
La Mesa, CA 91942
(619) 644-2170

UCSD Ambulatory Care Pharmacy

4168 Front Street
San Diego, CA 92103
(619) 543-6191

UCSD Medical Center Pharmacy

200 West Arbor
San Diego, CA 92103
(619) 543-6191

UCSD Medical Group Pharmacy

330 Lewis Street
San Diego, CA 92103
(619) 471-9235

UCSD Moores Cancer Center

3855 Health Science Drive
La Jolla, CA 92092-0845
(858) 822-608

UCSD Perlman Pharmacy

9350 Campus Point Drive
La Jolla, CA 92037-7729
(858) 657-8610

Upas Pharmacy

3332 Third Avenue
San Diego, CA 92103
(619) 297-1677

Vista Community Clinic

517 North Horne Street
Oceanside, CA 92054
(760) 631-5250

Tri City Community Health Center

161 Thunder Drive #212
Vista, CA 92083
(760) 631-5030

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White Cross Drug Store
474 Fairmount Avenue
San Diego, CA 92105
(619) 284-1141